

State of Maryland
Department of Health



Nelson J. Sabatini
Chairman

Joseph Antos, PhD
Vice-Chairman

Victoria W. Bayless

Stacia Cohen

John M. Colmers

James N. Elliott, M.D.

Adam Kane

Katie Wunderlich
Executive Director

Allan Pack, Director
Population Based
Methodologies

Chris Peterson, Director
Payment Reform &
Provider Alignment

Gerard J. Schmith, Director
Revenue & Regulation
Compliance

William Henderson, Director
Medical Economics &
Data Analytics

Health Services Cost Review Commission

4160 Patterson Avenue, Baltimore, Maryland 21215
Phone: 410-764-2605 · Fax: 410-358-6217
Toll Free: 1-888-287-3229
hsrc.maryland.gov

Date: October 7, 2019

To: Hospital Chief Financial Officers and Case Mix Liaisons

From: Claudine Williams, Associate Director, Clinical Data Administration

Subject: FY2020 Q1 Data Forum Follow-up

HSCRC staff would like to thank all those who attended the FY 2020 Q1 Data Forum last month. Below is a summary of what was discussed and the next steps.

Announcements

Data Submission Process. Staff reviewed the process for requesting extensions, skipped submissions and resubmissions. For monthly preliminary data, hospitals can elect to skip the monthly submission or submit data errors (if approved by the Commission staff). For quarterly final data, hospitals must submit a request for an extension.

- Submit a formal request for extension/skip submission/submission with errors before the due date (either via email to Oscar or through DAVE)
 - Indicate data type (IP/OP/PSYC) and Timeframe (FYQ Prelim/Final)
 - Describe reason
 - Include magnitude of problem (\$/# cases impacted)
 - Indicate when the data will be submitted
- If **HSCRC** initiates a re-submission of a closed quarter, HSCRC will send a formal letter (or via DAVE) requesting a re-submission, the processing fees are waived, and fines will not assessed.
- If a **hospital** initiates a re-submission of a closed quarter, a formal request must be submitted for resubmission. If HSCRC accepts the request for resubmission, processing fees from hMetrix apply (contact hsrc@hmetrix.com for more information), and HSCRC may assess fines of up to \$1,000 per day for each quarter and data type that is received after the due date. Depending on the data issue, methodologies dependent on case mix data may not be updated to include the new data.

Grouper Transition. Staff reviewed the grouper versions that will be applied to the case mix data for RY 2021 for IP, OP and PPC data.

- MHAC/RRIP/QBR: APR-DRG version 36.2019.3.1
- Market Shift: Jan-Jun (temp) – APR-DRG version 35.2018.3.2/EAPG version 3.12
Jan-Dec (permanent) – APR-DRG version 36.2019.3.1/EAPG 3.14
- Weights: Jan-Jun (temp) – based on CY 2016 applied to CY 2019
Jan-Dec (permanent) – based on CY 2018 applied to CY 2019

Financial Data Update: Staff indicated that new instructions were released for the Denials Reports data collection process. In addition, changes to the Annual Cost Report are on the horizon, and they will be vetted with the industry in the coming months.

Quality Update: Staff provided updates on 3 quality initiatives:

- **Sexual Orientation and Gender Identity:** The Quality team will be distributing a survey to hospitals to collect information on whether hospitals are currently collecting this information, and if so, how it's being collected. Dianne wanted some suggestions as to who should they direct the survey to? It was suggested that it should be sent to the Case Mix Liaisons and CFOs and they will distribute it to the correct people. One hospital suggested looking at the condition codes as they have codes for ambiguous gender.
- **Social Determinants of Health (Z codes):** The Quality team sent out a memo (about a month ago) to bring hospitals attention to these codes and to encourage hospitals to use them. There was a discussion on how this would be burdensome to collect z-codes as the documentation where the information is collected is not part of the usual data stream at the hospital and coders would be using other sources that they currently do not use to tease the information (i.e., notes from social worker). Several hospitals suggested that HSCRC prioritize the list of z-codes of interest for hospitals to focus on coding rather than coding all the z-codes. Dianne will bring this topic again to a future meeting, perhaps with the presentation by the Gravity Project PI.
- **AMA:** Quality staff will be excluding AMA from the Readmissions program. When they were analyzing the old HSCRC codes that broke out AMA into 3 categories (prior to FY 18), they noticed certain Baltimore City hospitals were coding AWOL more than other hospitals. Staff will be reaching out to those hospitals to understand the difference in coding.

Data Processing Vendor Update

HSCRC discussed the new roles for SPG (data repository vendor) and hMetrix (data processing vendor). Monthly data submissions will continue to be done through Replixweb. During the transition (August – November), hospitals should not notice a difference in the process. Error reports will look the same and will be delivered via the same mechanism as with SPG. Staff also discussed the data moratorium, which was in place during the transition, will be ending October 31, 2019. Hospitals have the option of receiving data from multiple sources: hMetrix, CRISP or SPG (for non-confidential data). All data requests still will need to be approved by HSCRC staff.

Mary Pohl, representing hMetrix and Burton Policy, discussed new processes that will come online in November, in particular, the Data Accuracy Verification Engine (DAVE). Hospitals will be able to review defects in the data, error reports, and submit extension requests to the HSCRC through the DAVE system. DAVE training webinars will be provided to hospitals in October (see below). User credentialing worksheets will be emailed out to current case mix liaison primary point(s) of contact.

- 10/9/2019
- 10/17/2019
- 10/25/2019
- 10/29/2019

Data Issues Discussion

Homeless Zip Code. HSCRC staff discussed an issue with the zip code used to identify homeless patients. Recently (CY 2018) zip code 88888 was made a valid zip code representing the North Pole, D.C. There is no population reported for this zip code. As hospitals apply the updated zip code mapping internally, homeless patients are being identified as non-residents on the financial data. Once the data comes to the HSCRC, zip codes are mapped to residency during processing and the homeless patients are identified as MD residents. This is causing a variance in the in-state reconciliation between case mix and financial data.

Action Item: The proposed solution to the problem is for HSCRC to post its internal zip code mapping list on the website for hospital use. HSCRC will notify hospitals once it has been posted to the website.

SNF/LTC Provider Definitions. In FY2018, HSCRC moved to using UB-04 codes for source of admission and patient disposition to 1) reduce burden on hospitals mapping to HSCRC codes, and 2) improve data constituency and coding. With input from hospitals and HER vendors, HSCRC mapped the existing HSCRC codes to UB codes. Recently, it was brought to our attention that the definitions for Long-term care (LTC) and Skilled Nursing Facility (SNF) is different for different for source of admission and patient disposition. For source of admission, the meaning is related to long term residency. On the other hand, for patient disposition, the meaning is related to level of care. Adding to the confusion, in the provider list in the Data Submission Requirements, a facility can be designated as both a LTC and SNF with the same Medicare ID. This is causing confusion with front line staff who are trying to accurately assign the source of admission and patient disposition.

Action Item: HSCRC staff will convene another workgroup in October/November to discuss and (potentially) revise the source of admission and patient disposition codes.

Future Case Mix Working Groups

HSCRC staff would like to thank all those who reached out to Oscar to sign up for the 3 work groups (Data Quality Checks/Error Thresholds, DSR Review, and Source of Admission/Discharge Disposition Codes). We will be scheduling the meeting in the coming weeks. If you are interested in participating in any of these work groups and have not signed up yet, please email Oscar.ibarra@maryland.gov.

Upcoming Data Forum Meetings

The next Quarterly Data Forum Meeting is scheduled for Friday, December 13, 2019, from 10:00am – 12:00 pm in the HSCRC Large Conference Room and via Webinar. Agenda and webinar information is forthcoming. If you have any agenda items for the next meeting, please email Oscar (Oscar.Ibarra@maryland.gov) by December 3, 2019.

If you have any questions or concerns about the topics discussed above, please contact me (Claudine.Williams@maryland.gov) or Oscar Ibarra (Oscar.Ibarra@maryland.gov).